

WARRANTY IDENTIFICATION TAGTO BE USED FOR BOTH McDONNELL & MILLER AND
HOFFMAN SPECIALTY PRODUCTS

NO. _____

*Date Installed _____ *Date Removed _____

*McDonnell & Miller Part No. _____

*Hoffman Specialty Part No. _____

*Reason For Return — Be Specific ("Defective" Not Acceptable)

SERVICE TECHNICIAN/REMOVER
FILL THIS IN*Indicates Required Information — Any omissions will result in denial of
warranty claim by ITT McDonnell & Miller.WHOLESALE
FILL THIS IN**WHOLESALE MAKING RETURN**Name Metropac IndustriesStreet 10 Annette RoadCity Foxboro State MA Zip 02035**REPRESENTATIVE**

Name _____

City _____ State _____ Zip _____

Above Reported Defect Verified _____ By _____

Product Date Code _____

Comments _____

REPRESENTATIVE
FILL THIS IN

RGA No. _____